

WPC Participation Form for Elementary K-5 Students

2018-2019



Dear _____ (teacher's name),

My child, _____, will attend the Westford Partnership for Children After School Enrichment Program.

He/She will start the program on _____ and end on _____.

Please help him/her remember to go to the program at the end of the school day. The central locations for the WPC programs are:

School (Program Site)	Program Central Location
Abbot School	Cafeteria
Crisafulli School	Cafeteria
Day School	Cafeteria
Miller School	Cafeteria
Nabnasset School	Cafeteria
Robinson School	Room 1

My child will attend the Enrichment Program on the following circled days:

Monday Tuesday Wednesday Thursday Friday

In case of early dismissal due to school closing, my child will go _____ and will be transported there by _____.
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Thank you,

(Parent/Guardian Signature)

(Date)

**PLEASE RETURN THIS NOTIFICATION OF PARTICIPATION
DIRECTLY TO YOUR CHILD'S TEACHER**